

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	EN ED	64934 64937	9-100 11-29-00

## INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date	
Final		
Original	1/3 1/4 1/5 1/6 1/7 1/8 1/9 1/10 1/11 1/12 1/13 1/14 1/15 1/16 1/17 1/18 1/19 1/20 1/21 1/22 1/23 1/24 1/25 1/26 1/27 1/28 1/29 1/30 1/31 1/32 1/33 1/34 1/35 1/36 1/37 1/38 1/39 1/40 1/41 1/42 1/43 1/44 1/45 1/46 1/47 1/48 1/49 1/50	1/3 1/4 1/5 1/6 1/7 1/8 1/9 1/10 1/11 1/12 1/13 1/14 1/15 1/16 1/17 1/18 1/19 1/20 1/21 1/22 1/23 1/24 1/25 1/26 1/27 1/28 1/29 1/30 1/31 1/32 1/33 1/34 1/35 1/36 1/37 1/38 1/39 1/40 1/41 1/42 1/43 1/44 1/45 1/46 1/47 1/48 1/49 1/50

Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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